

FEC FORM 2
STATEMENT OF CANDIDACY

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FEC MAIL CENTER
2017 FEB -9 AM 7:45

1. (a) Name of Candidate (in full) <u>Boyd Lachlan Roberts</u>		2. FEC Candidate Identification Number
(b) Address (number and street) <input type="checkbox"/> Check if address changed <u>237 San Joaquin Street</u>		
(c) City, State, and ZIP Code <u>Laguna Beach, CA 92651</u>		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
4. Party Affiliation <u>Democrat</u>	5. Office Sought <u>House of Representatives</u>	6. State & District of Candidate <u>California 48th CD</u>

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 election(s).
(year of election)
- NOTE:** This designation should be filed with the appropriate office listed in the instructions.


(a) Name of Committee (in full) <u>Boyd Roberts for Congress</u>
(b) Address (number and street) <u>237 San Joaquin Street</u>
(c) City, State, and ZIP Code <u>Laguna Beach, CA 92651</u>

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.
- NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate 	Date <u>January 20, 2017</u>
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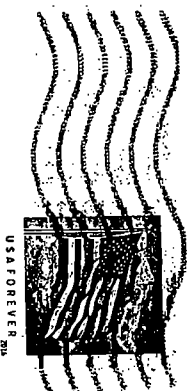
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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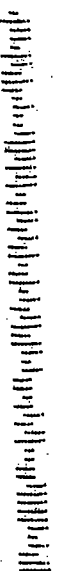
Boyd Roberts
237 San Joaquin Street
Laguna Beach, CA 92651

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Federal Election Commission
999 E Street NW
Washington, DC 20545-3578

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NO. 1 ON 100 ON 100-1000-10

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
PREPARER  (3/2015)	2/9/17 DATE PREPARED

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